

CAMP ADVENTURE

CAMPERS NAME _____

The following information is **IMPORTANT** and assists the counselor in getting better acquainted with the campers and aids in a more intelligent and effective approach to the responsibility.

Session(s) and Before/After Care you are applying for (check all that apply):

Session 1 _____	Sunrise Club _____	Sunset Club _____	Amount Paid _____
Session 2 _____	Sunrise Club _____	Sunset Club _____	Amount Paid _____
Session 3 _____	Sunrise Club _____	Sunset Club _____	Amount Paid _____
Session 4 _____	Sunrise Club _____	Sunset Club _____	Amount Paid _____
Session 5 _____	Sunrise Club _____	Sunset Club _____	Amount Paid _____

PARENT/GUARDIAN INFORMATION

Please list below all legal guardians and contact information.

Name _____ Relationship to camper _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ Work(____) _____ Cell(____) _____

Name _____ Relationship to camper _____

Address _____ City _____ Zip _____

Phone: Home (____) _____ Work(____) _____ Cell(____) _____

Email Address _____

With whom does the camper reside? (ex. "father and mother", "stepmother", "grandfather", "foster father and mother", "part time with father and part time with mother", etc) _____

NAME CAMPER GOES BY _____

Last Grade Completed (at the time camp begins) _____ Birthdate (mo/day/yr) _____

Has camper previously attended CAMP ADVENTURE? _____ If so, what years? _____

MEDICAL INFORMATION:

Physician _____ Phone _____

Dentist _____ Phone _____

If emergency treatment is required and the parents cannot be reached immediately, may the camp authorities use their judgment in calling the physician indicated above or, if not available, an alternate doctor? YES / NO If no, what do parents want done? _____

Health Questions: (check and give dates which apply)

_____ German measles	_____ fainting	_____ convulsions	_____ heart trouble
_____ kidney trouble	_____ mumps	_____ chicken pox	_____ asthma
_____ stomach upsets	_____ diabetes	_____ measles	_____ hyperactivity

Date of last tetanus booster _____

Details on health questions (above): _____

Allergies (please list): _____

Serious poison ivy, poison oak, or sumac allergies? _____

Any operations or serious injuries? _____

Learning disabilities? _____

Should this camper's activities be restricted in any way? If so, explain. _____

Known fears and/or weaknesses: _____

Please provide any additional information which would aid us in better meeting this camper's needs (i.e. recent death in family, gets homesick easily, etc.) this information will remain confidential.

If legal guardians cannot be reached in case of sudden illness or accident, please list people the camp may contact and who can pick up your child from camp if necessary. **The camper will not be allowed to leave with any other person unless a written note signed by a legal guardian listed on this application is received by the camper's counselor. (Phone calls will be accepted only in emergencies) This policy will be strictly enforced.**

Name _____ Relationship to camper _____

Phone: Home(____) _____ Work(____) _____ Cell (____) _____

Can this person pick camper up from camp _____

Name _____ Relationship to camper _____

Phone: Home(____) _____ Work(____) _____ Cell (____) _____

Can this person pick camper up from camp _____

AGREEMENT FOR CHILD TO PARTICIPATE IN CAMP ADVENTURE DAY CAMP

IN CONSIDERATION of my child or ward _____ (name of child) hereinafter referred to as my child, being allowed to participate in CAMP ADVENTURE Day Camp (sponsored by the City of Columbia), I agree to the following conditions:

1. I hereby grant permission to have my child photographed for either still or motion pictures while attending camp. I understand and agree that such photographs may be used by the City, its agents or employees for educational and publicity purposes.
2. I hereby grant permission for my child to be observed and evaluated by qualified persons affiliated with the camp as may be deemed necessary or advisable by camp staff.
3. I hereby grant permission for camp staff to contact my child's physician in the event the child has a medical or health problem for which the staff determines medical attention is necessary. In the event of an emergency, I hereby grant permission to camp staff to seek emergency medical attention for my child in the event my child's physician cannot be reached. I understand that I will be notified if medical treatment is sought for my child, but that camp staff is not obligated to contact me prior to securing medical attention for my child in an emergency situation.
4. I hereby grant permission for my child to be transported in insured vehicles by the city, its agents or employees for the purpose of transporting my child to or from camp or on other camp related and sponsored activities.
5. I hereby grant permission for my child to be excluded by the camp director from the camp program or any part thereof if at any time said director determined that my child has hampered the safety, welfare, or enjoyment of the other camp participants.
6. I understand that although my child will be supervised during his participation in Day Camp, the City of Columbia cannot and does not guarantee that personal injuries or property damages will not occur. I understand that the City of Columbia is not an insurer and does not and is not insuring me or my child for any personal injuries or property damages that occur either to my child or any property owned by me.

I understand that as part of the consideration flowing from myself to the City of Columbia for the privilege of enrolling my child in CAMP ADVENTURE, I agree to WAIVE any and all claims, demands or actions which I may have or acquire and subsequently claim to have against the City of Columbia and any or all elected officials, officers, agents or employees which may arise out of the participation of my child in the CAMP ADVENTURE program.

I further agree not to maintain any action against the City of Columbia, its officers, agents or employees for personal injuries and property damage my child sustains which arise out of or are in connection with that program or its related activities. In addition, I agree not to maintain any action against the City of Columbia, Missouri, its officers, agents, or employees for any damage I sustain as a result of my child's injuries.

I HAVE READ THIS DOCUMENT CAREFULLY AND UNDERSTAND ITS CONTENT.

SIGNED:

PARENT OR LEGAL GUARDIAN

WITNESS – PARKS & REC. DEPT.

MEDICATION AUTHORIZATION

DATE _____

[illegible]